

TAXPAYER NAME Enilio Americo Rodriguez		SOCIAL SECURITY NO. 04		PAYMENT 3885	
PART I COMPENSATION AND WITHHOLDING DATA					
SOURCES OF COMPENSATION PAYMENTS (Check as appropriate)					
HEADQUARTERS		FIELD ALLOTMENT		COVER FACILITY	
4. COMPENSATION PAYMENTS BY COVER FACILITY					
TOTAL AMOUNT (Per annum) 9,600		AMOUNT SUBJECT TO TAX 9,600		PAYMENTS TO BEGIN (Date) 15 July 1961	
5. PAY PERIODS USED BY COVER FACILITY					
WEEKLY		BI-WEEKLY		SEMI-MONTHLY	
6. TAXES TO BE WITHHELD BY COVER FACILITY FROM COMPENSATION PAID					
INCOME TAXES - AMOUNT WITHHELD PER PAY PERIOD				IS SOCIAL SECURITY (FICA) WITHHELD	
NONE				YES	
7. COMPENSATION SUBJECT TO A FOREIGN TAX					
YES				NAME OF COUNTRY	
8. COVER FACILITY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)					
WILL NOT REPORT		FORM W-2		FORM 1099	
COVER FACILITY (Cryptonym)					
9. THE AGENCY WILL REPORT COMPENSATION AS FOLLOWS (See item 16 below)					
COVERT (If covert only, omit rest of this item.)		FORM W-2		FORM 1099	
NAME AND ADDRESS OF OSTENSIBLE EMPLOYER Roberts Electronic & Engineering Service P. O. Box 552, General P. O., New York City					
10. DECLARATION OF ESTIMATED INCOME TAX (Check one)					
HAS BEEN FILED		HAS NOT BEEN FILED		NOT APPLICABLE	
PART II DEPENDENCY DATA					
11. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED WITH COVER FACILITY.			12. NO. OF DEPENDENTS, INCLUDING SELF, CLAIMED ON FORM 313 OR W-4 (Or equivalent) ATTACHED		
6			0		
13. MARITAL STATUS (Complete as appropriate)					
SINGLE		MARRIED		WIDOWED	
DATE OF MARRIAGE 10 June 1928		DATE OF DEATH		DATE OF DECREE	
CITIZENSHIP OF SPOUSE U. S.		RESIDENCE OF SPOUSE (Country) U. S.			
14. DEPENDENTS ELIGIBLE TO BE CLAIMED FOR PURPOSES OF FILING TAX RETURNS WHO MAY OR MAY NOT BE INCLUDED IN NUMBER OF DEPENDENTS DECLARED ABOVE (Omit self and spouse)					
RELATIONSHIP (No names)	DATE OF BIRTH	CITIZENSHIP	COUNTRY OF RESIDENCE		
SON	1951	U. S.	U. S.		
SON	1953	U. S.	U. S.		
daughter	1954	U. S.	U. S.		
SON	1957	U. S.	U. S.		
15. REMARKS					
16. APPROVAL OF CENTRAL COVER DIVISION					
The employer's names and methods for reporting compensation shown in Items 8, and/or 9, above are approved.					
DATE		SIGNATURE AND TITLE			
22 Sept 61		[Signature]			
17. FORM PREPARED BY					
INDIVIDUAL		OFFICIAL			
PART I CERTIFIED CORRECT					
DATE		SIGNATURE OF OFFICIAL			
22 Sept 61		[Signature]			
PART II CERTIFIED CORRECT (Explain when not signed)					
DATE		SIGNATURE OF INDIVIDUAL (Pseudonym)			
22 Sept 61		[Signature]			
DISTRIBUTION: SIGNED ORIG. AND COPY - TO FINANCE: COPY - TO CENTRAL COVER: COPY - TO FILE					

FORM 313a OBSOLETE PREVIOUS EDITIONS.

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PART III

NOTE: DETACH THIS PORTION OF FORM AND DISTRIBUTE SEPARATELY		18. 3885	
19. SOCIAL SECURITY NO.		20. CITIZENSHIP	
IF SOCIAL SECURITY NO. IS NOT AVAILABLE, HAVE FORM NO. SS-5, "APPLICATION FOR SOCIAL SECURITY ACCOUNTS," COMPLETED AS PROVIDED IN DETAILED PROCEDURES.		U. S.	
21. ADDRESS OF RECORD (In U.S.)		22. ADDRESS (Foreign)	
9361 SW 178th St. Fennine, Florida		NA	
DISTRIBUTION: SIGNED ORIG AND COPY - TO FINANCE: COPY - TO CENTRAL COVER: COPY - TO FILE			

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